

Jackson
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Art

Frank Albright, Warden
 Julia Tutwiler Prison for Women
 8966 U.S. Hwy 231 North
 Wetumpka, AL 36092

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rosa Robinson
 Agent
 Addressee

B. Received by (Printed Name)

Rosa Robinson

C. Date of Delivery

10/27/05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input checked="" type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes*2:05cv991 (cmpl + order 40 days)*2. Article Number
(Transfer from service label)

7005 1160 0001 2962 2680

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt

Jackson
SENDER: COMPLETE THIS SECTION

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1. Art

Alex Amoomu, COI
 Julia Tutwiler Prison for Women
 8966 U.S. Hwy 231 North
 Wetumpka, AL 36092

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rosa Robinson
 Agent
 Addressee

B. Received by (Printed Name)

Rosa Robinson

C. Date of Delivery

10-27-05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes*2:05cv991 (cmpl + order 40 days)*2. Article Number
(Transfer from service label)

7005 1160 0001 2962 2697

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt

*Scanned
DMW 10/28/05*

Jackson

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		COMPLETE THIS SECTION ON DELIVERY	
1. Art Cynthia Wheeler, Captain Julia Tutwiler Prison for Women 8966 U.S. Hwy 231 North Wetumpka, AL 36092		A. Signature <i>X ROSA Roberson</i>	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>ROSA Roberson</i>	
		C. Date of Delivery <i>10/27/05</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<i>2:05cv991 (cmpl + order 4000)</i> 2. Article Number <small>(Transfer from service label)</small>		<i>7005 1160 0001 2962 2703</i> Domestic Return Receipt	
		102595-02-M-1540	

PS Form 3811, August 2001